

RETURN TO

**U.S. Census Bureau
Governments Division
Washington Plaza II, Room 509
Washington, DC 20233-6800**

FORM **CJ-38L**
(7-10-2000)

**2000 CENSUS OF STATE AND LOCAL
LAW ENFORCEMENT AGENCIES
Law Enforcement Management and
Administrative Statistics**

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
U.S. DEPARTMENT OF COMMERCE
ECONOMICS AND STATISTICS ADMINISTRATION
U.S. CENSUS BUREAU

(Please correct any error in name, mailing address, and ZIP Code above)

Agency Internet Home Page address:
(If none, mark (X) here)

Agency central e-mail address for citizen use:
(If none, mark (X) here)

INFORMATION SUPPLIED BY

Name		Title				
POSTAL ADDRESS	▶ Number and street or P.O. box/Route number	City	State	ZIP Code		
PHYSICAL ADDRESS	▶ <i>If different from postal address –</i> Number and street	City	State	ZIP Code		
E-MAIL ADDRESS	▶					
TELEPHONE	▶ Area code	Number	Extension	FAX NUMBER	▶ Area code	Number

Enter the year the agency began operation with sworn personnel ▶ _____

IMPORTANT — *Please read the instructions below prior to completing the questionnaire.*

- If any of the following conditions apply, you do not need to complete this questionnaire. Mark (X) the appropriate box and return survey using the enclosed postage paid envelope.

- Agency is no longer in existence
- Agency contracts or "outsources" to the agency listed below for performance of all services –
Full name of the agency that performs these services

- Agency employs only part-time officers AND the total combined hours worked for these officers averages less than 35 hours per week
- All of the officers within the agency volunteer their time (i.e., are unpaid)
- Agency is private (i.e., not operated with funds from a state, local, special district or tribal government)

GENERAL INFORMATION

- Please mail your completed questionnaire to the U.S. Census Bureau in the enclosed postage-paid envelope, or FAX, (each page) toll-free to **1-888-891-2099 before August 4, 2000.**
- Please retain a copy of the completed survey for your records.
- If you have any questions, call **Theresa Reitz** toll-free at **1-800-352-7229**, or email to **csllea@census.gov**

INSTRUCTIONS

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and place an asterisk (*) next to the figure.

SECTION I - CENSUS INFORMATION

1. What type of government operates this agency?

Mark (X) only one.

- | | | |
|---|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> Township | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> County or Parish | <input type="checkbox"/> Regional | <input type="checkbox"/> Special district or authority |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> School district | |

2. Which of the following law enforcement services did your agency provide on a regular basis during the 12-month period ending June 30, 2000?

Mark (X) all that apply.

Criminal investigation for:

- Homicide
- Arson
- Other crimes

- Crime prevention
- Drug law enforcement
- First response to criminal incidents
- Patrol services
- Responding to citizen calls/requests for service
- Traffic law enforcement
- None of the above

3. Which of the following functions did your agency perform on a routine basis during the 12-month period ending June 30, 2000? Mark (X) all that apply.

- Providing court security
- Serving civil process
- Operating one or more jails
- Executing arrest warrants
- Participating in a multi-agency drug task force
- Operating a training academy
- Dispatching calls for service
- Search and rescue operations
- Tactical operations (SWAT)
- None of the above

4. Enter the number of facilities or sites, SEPARATE FROM HEADQUARTERS, operated by your agency as of June 30, 2000.

If none, enter 0.

- | | Number |
|--|--------|
| a. District/Precinct stations | |
| b. Fixed neighborhood/community substations | |
| c. Mobile neighborhood/community substations | |

5. Enter the number of AUTHORIZED FULL-TIME SWORN paid agency positions on June 30, 2000.

6. Enter the number of ACTUAL full-time and part-time paid agency employees during the pay period including June 30, 2000. Full-time employees are those regularly scheduled for 35 or more hours per week. If none, enter 0.

	Full-time	Part-time
a. Sworn personnel, with general arrest powers		
b. Officers without general arrest powers		
c. Nonsworn employees		
d. TOTAL (Sum of lines a+b+c)		

7. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 6a, enter the number of uniformed officers whose REGULARLY ASSIGNED DUTIES included responding to citizen calls/requests for service. If none, enter 0.

8. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 6a, how many served as: If none, enter 0.

- a. Community Policing Officers, Community Resource Officers, Community Relations Officers, or other sworn personnel specifically designated to regularly engage in community policing activities
- b. School Resource Officers, School Liaison Officers, or other sworn personnel whose primary duties are related to school safety

9. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 6a, how many performed the following duties as their PRIMARY job responsibility? Count each officer only once. If none, enter 0.

	Number
a. Patrol duties	
b. Investigative duties (e.g., detectives)	
c. Jail-related duties	
d. Court security duties	
e. Process serving duties	

10a. Enter your agency's total operating budget for the 12-month period that includes June 30, 2000. If data are not available, provide an estimate and mark with an asterisk (*). Include jails administered by your agency. Exclude building construction costs and major equipment purchases.

\$

b. Which 12-month period best reflects the budget amount entered in 10a? Mark (X) only one.

- Calendar year
- Fiscal year

11. Enter the total estimated value of money, goods, and property received by your agency from a drug asset forfeiture program during calendar year 1999. If no money, goods or property were received, enter 0.

\$

SECTION II – PERSONNEL

12. Which of the following screening techniques are used by your agency in selecting new officer recruits?

Mark (X) all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Background investigation | <input type="checkbox"/> Polygraph exam |
| <input type="checkbox"/> Credit history check | <input type="checkbox"/> Psychological evaluation |
| <input type="checkbox"/> Criminal record check | <input type="checkbox"/> Second language ability test |
| <input type="checkbox"/> Driving record check | <input type="checkbox"/> Voice stress analyzer |
| <input type="checkbox"/> Drug test | <input type="checkbox"/> Volunteer/community service history check |
| <input type="checkbox"/> Medical exam | <input type="checkbox"/> Written aptitude test |
| <input type="checkbox"/> Personal interview | |
| <input type="checkbox"/> Personality inventory | |
| <input type="checkbox"/> Physical agility test | |

13. Indicate your agency's minimum education requirement which new (non-lateral) officer recruits must have within two years of hiring. Mark (X) only one.

- Four-year college degree required
- Two-year college degree required
- Some college but no degree required
Enter number of semester credit hours required _____
- High school diploma or equivalent required
- No formal education requirement

14. How many hours of ACADEMY TRAINING are required of your agency's new (non-lateral) officer recruits? Include law enforcement training requirements only. If no training of that type is required, enter 0.

	Hours
a. State-mandated hours	
b. Additional required hours	

15. How many hours of FIELD TRAINING (e.g., with FTO) are required of your new (non-lateral) officer recruits upon graduation from the academy? Include law enforcement training requirements only. If no training of that type is required, enter 0.

	Hours
a. State-mandated hours	
b. Additional required hours	

16. How many hours of IN-SERVICE TRAINING are required annually for your agency's NON-PROBATIONARY field/patrol officers? Include law enforcement training requirements only. If no training of that type is required, enter 0.

	Hours
a. State-mandated hours	
b. Additional required hours	

17. Enter the number of FULL-TIME SWORN personnel as entered in 6a (with general arrest powers) BY RACE AND GENDER for the pay period that included June 30, 2000. If counts are not available, provide an estimate and mark with an asterisk (*).

	Sworn personnel	
	Male	Female
a. White, not of Hispanic origin		
b. Black or African American, not of Hispanic origin		
c. Hispanic or Latino		
d. American Indian or Alaska Native		
e. Asian		
f. Native Hawaiian or Other Pacific Islander		
g. Some other race		
h. Total number of full-time sworn agency personnel with general arrest powers (Sum of lines a through g should equal 6a)		

18. Is collective bargaining authorized for your agency's employees? Mark (X) one per line.

- | | | |
|-------------------|--------------------------|--------------------------|
| | Yes | No |
| a. Sworn | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Nonsworn | <input type="checkbox"/> | <input type="checkbox"/> |

19. Does your agency provide any of the following to full-time sworn personnel? Mark (X) one per line.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Education incentive pay | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hazardous duty pay | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Merit/performance pay | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Shift differential pay | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Special skills proficiency pay | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tuition reimbursement | <input type="checkbox"/> | <input type="checkbox"/> |

20. Enter your agency's salary schedule for the following FULL-TIME sworn positions. If a position does not exist in your department, enter "N/A".

	Base ANNUAL salary	
	Minimum	Maximum
a. Chief executive (chief, director, sheriff, etc.)	\$	\$
b. Sergeant or equivalent first-line supervisor	\$	\$
c. Entry-level officer or deputy (post-academy)	\$	\$

SECTION III – COMMUNITY POLICING ACTIVITIES

21. As of June 30, 2000, did your agency have a community policing plan? Mark (X) only one.

- 1 Yes, formally written 3 No
 2 Yes, not formally written

22. During the 12-month period ending June 30, 2000, what proportion of agency personnel received at least eight hours of community policing training (problem solving, SARA, community partnerships, etc.)? Mark (X) one per line.

	All	Half or more	Less than half	None
New officer recruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
In-service sworn personnel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Civilian personnel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

23. During the 12-month period ending June 30, 2000, which of the following did your agency do? Mark (X) all that apply.

- Actively encouraged patrol officers to engage in SARA-type problem-solving projects on their beats
- Assigned detectives to cases based on geographic areas/beats
- Conducted a citizen police academy
- Formed problem-solving partnerships with community groups, public agencies, or others **through specialized contracts or written agreements.**
- Gave patrol officers responsibility for specific geographic areas/beats
- Included collaborative problem-solving projects in the evaluation criteria of patrol officers
- Trained citizens in community policing (e.g., community mobilization, problem solving)
- Upgraded technology to support community policing activities
- None of the above

24. During the 12-month period ending June 30, 2000, which of the following groups did your agency meet with regularly (at least once every 3 months) to address crime-related problems? Mark (X) all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy groups | <input type="checkbox"/> School groups |
| <input type="checkbox"/> Business groups | <input type="checkbox"/> Senior citizen groups |
| <input type="checkbox"/> Domestic violence groups | <input type="checkbox"/> Tenants' associations |
| <input type="checkbox"/> Local public agencies | <input type="checkbox"/> Youth service organizations |
| <input type="checkbox"/> Neighborhood associations | <input type="checkbox"/> Did not meet with any groups |
| <input type="checkbox"/> Religious groups | |

25a. During the 12-month period ending June 30, 2000, did your agency conduct or sponsor a survey of citizens on any of the following topics? Mark (X) all that apply.

- Public satisfaction with police services
- Public perceptions of crime/disorder problems
- Personal crime experiences of citizens
- Reporting of crimes to law enforcement by citizens
- Other – Specify ↴

Did not survey general public – SKIP to section IV

b. For which purposes does your agency use the information described in 25a above? Mark (X) all that apply.

- Allocating resources to targeted neighborhoods
- Evaluating program effectiveness
- Formulating agency policy and procedures
- Prioritizing crime/disorder problems
- Providing information to patrol officers
- Redistricting beat/reporting areas
- Training development
- Other – Specify ↴

SECTION IV – COMPUTERS AND INFORMATION SYSTEMS

26a. Indicate whether your agency's field/patrol officers use any of the following types of computers or terminals WHILE IN THE FIELD. Mark (X) one per line, and enter number of each type in use as of June 30, 2000.

Type of computer used in the field	Agency uses – Mark (X) and enter number in use.	Agency does not use
(1) Vehicle-mounted		
a. Laptop computer	<input type="checkbox"/> → _____	<input type="checkbox"/>
b. Mobile digital/data computer (MDC)	<input type="checkbox"/> → _____	<input type="checkbox"/>
c. Mobile digital/data terminal (MDT)	<input type="checkbox"/> → _____	<input type="checkbox"/>
d. Other –Specify ↴	<input type="checkbox"/> → _____	<input type="checkbox"/>
(2) Portable (not vehicle-mounted)		
a. Laptop computer	<input type="checkbox"/> → _____	<input type="checkbox"/>
b. Mobile digital/data computer (MDC)	<input type="checkbox"/> → _____	<input type="checkbox"/>
c. Mobile digital/data terminal (MDT)	<input type="checkbox"/> → _____	<input type="checkbox"/>
d. Other –Specify ↴	<input type="checkbox"/> → _____	<input type="checkbox"/>

b. Do any of your agency's field/patrol officers have direct access to the following types of information using IN-FIELD computers? Mark (X) one per line.

	Yes	No
Motor vehicle records	<input type="checkbox"/>	<input type="checkbox"/>
Driving records	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history records	<input type="checkbox"/>	<input type="checkbox"/>
Linked files for crime analysis	<input type="checkbox"/>	<input type="checkbox"/>
Calls for service	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV – COMPUTERS AND INFORMATION SYSTEMS — Continued

- 27. How are field data from criminal incident reports PRIMARILY transmitted to your agency's central information system? Mark (X) only one.**
- Paper report
 - Wireless transmission (e.g., cellular, UHF)
 - Telephone line (voice)
 - Computer medium (e.g., disk transfer)
 - Data device (e.g., laptop download)
 - Not applicable – agency does not handle such reports
- 28. Does your agency own or have access to an Automated Fingerprint Identification System (AFIS) that includes a file of digitized prints? Mark (X) all that apply.**
- Agency is exclusive owner of an AFIS system
 - Agency is shared owner of an AFIS system
 - Agency uses terminal with access to an AFIS system
 - None of the above

- 29. Does your agency use computers for any of the following functions? Mark (X) all that apply.**
- Automated booking
 - Crime analysis
 - Crime mapping
 - Crime investigations
 - Dispatch (CAD)
 - Fleet management
 - In-field communications
 - In-field report writing
 - Inter-agency information sharing
 - Internet access
 - Personnel records
 - Records management
 - Resource allocation
 - None of the functions listed
- 30. Does your agency maintain its own computerized files with any of the following information? Mark (X) all that apply.**
- Alarms
 - Arrests
 - Calls for service
 - Criminal histories
 - Fingerprints
 - Incident reports
 - Linked files for crime analysis
 - Stolen property
 - Summonses
 - Traffic accidents
 - Traffic citations
 - Traffic stops
 - Use-of-force incidents
 - Warrants
 - None of the file types listed

SECTION V – OPERATIONS

- 31. Does your agency participate in an operational 9-1-1 emergency telephone system or its equivalent (i.e., your agency's units can be dispatched as a result of a call to 9-1-1)? Mark (X) only one.**
- Yes – Enhanced/Expanded 9-1-1 system
 - Yes – Basic 9-1-1 system
 - No
- 32. During the 12-month period ending June 30, 2000, did your agency use the following types of patrol on a routine basis?**
- | | | | | | |
|----------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Automobile | <input type="checkbox"/> | <input type="checkbox"/> | Horse | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle | <input type="checkbox"/> | <input type="checkbox"/> | Other – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |
| Foot | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Marine | <input type="checkbox"/> | <input type="checkbox"/> | | | |

- 33. As of June 30, 2000, how many officers did your agency have assigned to a special unit for drug enforcement or a multi-agency drug enforcement task force? If none, enter 0.**
- | | Assigned full-time | Assigned part-time |
|--------------------------------------|--------------------|--------------------|
| a. Special unit for drug enforcement | | |
| b. Multi-agency drug task force | | |
- 34. Enter the total capacity and maximum hours of holding time for temporary holding (lockup) facilities operated by your agency as of June 30, 2000. Include only overnight facilities used to hold persons prior to arraignment. If none, enter 0.**
- | | Adults | Juveniles |
|-------------------------|--------|-----------|
| a. Total capacity | | |
| b. Maximum holding time | hrs. | hrs. |

SECTION VI – EQUIPMENT

- 35. Does your agency supply or give a cash allowance to its regular field/patrol officers for the following?**
- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| | Supplied | Cash allowance | Neither |
| Primary sidearm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Backup weapon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Body armor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uniform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 36. Which types of sidearms does your agency authorize for use by its field/patrol officers? Mark (X) all that apply.**
- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| | Primary | Backup | Not authorized |
| Semi-automatics | | | |
| 10mm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9mm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .380 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other caliber – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | | |
| Revolver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION VI - EQUIPMENT — Continued

37. Are any of your agency's field/patrol officers required to wear protective body armor while in the field?
Mark (X) only one.

- All Some None

38. Which of the following types of non-lethal weapons or actions are authorized for use by your agency's field/patrol officers? Mark (X) all that apply.

a. Impact devices

- | | |
|--|--|
| <input type="checkbox"/> Traditional baton | <input type="checkbox"/> Rubber bullet |
| <input type="checkbox"/> PR-24 baton | <input type="checkbox"/> Other - Specify <u> </u> |
| <input type="checkbox"/> Collapsible baton | |
| <input type="checkbox"/> Soft projectile | |
| <input type="checkbox"/> Blackjack | <input type="checkbox"/> None authorized |

b. Chemical agents

	Personal issue	Tactical operations	Not authorized
OC (pepper spray) . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CN (tear gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Other weapons/actions

- Hand-held electrical device-direct contact
 Hand-held electrical device-stand off (e.g., taser)
 Hold or neck restraint (e.g., carotid hold)
 Capture net
 Flash/bang grenade
 Other - Specify

No other weapons/actions authorized

39. Enter the number of vehicle types operated by your agency as of June 30, 2000. Include owned, leased, rented and confiscated vehicles that your agency uses. If none, enter 0.

	Number operated
Marked cars	
Unmarked cars	
Other 4-wheel vehicles (SUV, truck, van, etc.)	
Fixed-wing aircraft	
Helicopters	
Boats	
Motorcycles	
Bicycles	

40a. Does your agency allow officers to take marked vehicles home?

- Yes No - SKIP to question 41

b. Does your agency allow officers to drive marked vehicles for personal use during off-duty hours?

- Yes No

41. Enter the number of animals regularly maintained by your department for use in activities related to law enforcement. If none, enter 0.

Dogs Horses

42. Does your agency use any of the following technologies on a regular basis? Mark (X) all that apply.

- | | |
|---|---|
| Night vision/electro-optic | Digital imaging |
| <input type="checkbox"/> Infrared (thermal) imagers | <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Image intensifiers | <input type="checkbox"/> Mug shots |
| <input type="checkbox"/> Laser range finders | <input type="checkbox"/> Suspect composites |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> None of the above |

Vehicle stopping/tracking

- Electrical/engine disruption
 Stolen vehicle tracking
 Tire deflation spikes
 None of the above

43a. During the 12-month period ending June 30, 2000, did your agency use video cameras on a regular basis?

- Yes No - SKIP to Section VII

b. Enter the number of video cameras operated by your agency as of June 30, 2000. If none, enter 0.

	Number operated
In patrol cars	
Fixed-site surveillance	
Mobile surveillance	
Traffic enforcement	

COMMENTS

Thank you for your cooperation and prompt reply.